Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

CLAIMS AS FILED - PART I								SMA	LL I	ENTITY		OTHER	THAN
			(Column 1)			(Column 2)		TY			OR	SMALL	
FOR		NUMBER FILED			NUMBER EXTRA		RA	E	FEE		RATE	FEE	
BASIC FEE										345.00	OR		690.00
TOTAL CLAIMS			85 minus 20=		20=	* 65		X\$	9=		OR	X\$18=	1170
IND	EPENDENT CL	AIMS	minus 3 =		3 = [= *		X39	9=		OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT						+13	0=		OR	+260=			
* If the difference in column 1 is less than zero, enter "0" in column 2							TOT	AL		OR	TOTAL	1860	
CLAIMS AS AMENDED - PART II										•	•	OTHER	
			umn 1)	1		olumn 2)	(Column 3)	SMA	\LL I	ENTITY	OR	SMALL	
ENT A		REM A	_AIMS MAINING FTER NDMENT		PR	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RA	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT A	Total	. 4	- >	Minus	**	85	=	X\$:	9=		OR	X\$18=	
	Independent	*	1	Minus	***		= -	X39)=		OR	X78=	
	FIRST PRESE	NIAH	ON OF MI	JETIPLE DEF	PEND	JENT CLAIM		+13	0=		OR	+260=	
					÷				TAL		OR	TOTAL ADDIT. FEE	
		(Col	lumn 1)					ADDIT.	ree			ADDII. FEE	
ENT B		(00	1411111 77		(C	olumn 2)	(Column 3)						
		CI REN A	LAIMS MAINING FTER		I PF	Column 2) HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	CI REN A	LAIMS MAINING	Minus	I PF	HIGHEST NUMBER REVIOUSLY	PRESENT	RAT			OR	RATE X\$18=	TIONAL
	Independent	CI REN A AME	LAIMS MAINING FTER NDMENT	Minus	PF +**	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		9=	TIONAL			TIONAL
AMENDMENT B		CI REN A AME	LAIMS MAINING FTER NDMENT	Minus	PF +**	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	X\$ 9	9=)=	TIONAL	OR	X\$18= X78=	TIONAL
	Independent	CI REN A AME *	LAIMS MAINING FTER NDMENT ON OF M	Minus ULTIPLE DEI	PF +* (HIGHEST NUMBER REVIOUSLY PAID FOR DENT CLAIM	PRESENT EXTRA	X\$ 9 X39	9=)= 0=	TIONAL	OR OR	X\$18= X78= +260=	TIONAL
	Independent	CI REN A AME *	LAIMS MAINING FTER NDMENT ON OF M	Minus	PF +* (HIGHEST NUMBER REVIOUSLY PAID FOR DENT CLAIM	PRESENT EXTRA	X\$ 9 X39	9=)= 0=	TIONAL	OR OR	X\$18= X78=	TIONAL
	Independent	CI REM A AME * 4	AAIMS MAINING FTER NDMENT ON OF MI	Minus ULTIPLE DEI	PEND	HIGHEST NUMBER REVIOUSLY PAID FOR DENT CLAIM NO LAIM Column 2)	PRESENT EXTRA	X\$ 9 X39 +13	9=)= 0=	TIONAL	OR OR	X\$18= X78= +260=	TIONAL
C AMENDMENT	Independent	CI REM A AME *	AAIMS MAINING FTER NDMENT ON OF M	Minus ULTIPLE DEI	PEND	HIGHEST NUMBER REVIOUSLY PAID FOR DENT CLAIM	PRESENT EXTRA	X\$ 9 X39 +13	9=)=)TAL FEE	TIONAL	OR OR	X\$18= X78= +260=	TIONAL
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